

JAN-10-2005 18:48 FROM:BSTZ

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TO:USPTO JAN 10 2005 P.1

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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INTELLECTUAL PROPERTY LAW
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FACSIMILE: (503) 439-6073

FACSIMILE COVER SHEET

Deliver to: Sumati Lefkowitz, USPTO Art Group: 2112
Facsimile No.: 703 872-9306 Date: January 10, 2005
From: James Henry, Reg. No. 41,064
Our Docket No.: 42390P11425 Number of pages 19 including this sheet.
Application No.: 10/037,670 Filing Date: 1/3/2002
Docket Due Date(s): 1/10/2005

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>15</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (in triplicate) (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: <u> </u> (<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: <u> </u>
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile <u> </u>	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: <u> </u>	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other <u> </u>	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Pat Sullivan 01/10/2005
Pat Sullivan Date

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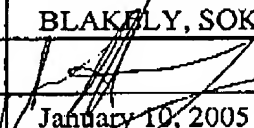
JAN-10-2005 18:48 FROM:BSTZ

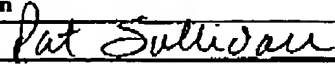
7145573347

TO:USPTO JAN 10 2005 P.2

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application No.	10/037,670	
	Filing Date	January 3, 2002	
	First Named Inventor	Eliel Louzoun	
	Art Unit	2112	
	Examiner Name	Sumati Lefkowitz	
Total Number of Pages In This Submission	19	Attorney Docket Number	42390P11425

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 10, 2005

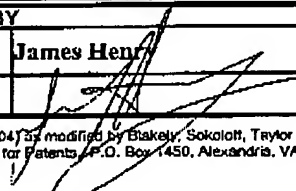
CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	January 10, 2005
Signature		Date	January 10, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 05/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision</small>		Application Number	10/037,670
		Filing Date	January 3, 2002
		First Named Inventor	Eliel Louzoun
		Examiner Name	Sumati Lefkowitz
		Art Unit	2112
		Attorney Docket No.	42390PT1425
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT (\$)		0.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION																																																																																																																													
1. EXTRA CLAIM FEES																																																																																																																													
Total Claims: <u>55</u> - 80* = <u>0</u> x <u>50.00</u> = <u>\$0.00</u> Independent Claims: <u>7</u> - 7* = <u>0</u> x <u>200.00</u> = <u>\$0.00</u> Multiple Dependent: _____	Extra Claims Fee from below Fee Paid 0 50.00 \$0.00 0 200.00 \$0.00																																																																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td></td> <td>2204</td> <td></td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td></td> <td>2205</td> <td></td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent claim, if not paid	1204		2204		**Reissue independent claims over original patent	1205		2205		**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$)					0.00																																																																																
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	(503) 439-8778
		Date	01/10/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
 SCND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/037,670
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 3, 2002
		First Named Inventor	Eliel Louzoun
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Examiner Name	Sumati Lefkowitz
		Art Unit	2112
		Attorney Docket No.	42390P11425

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)
 ☐ Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. **EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
55 - 80 = 25	0	50.00	\$0.00
Independent Claims	7 - 7 = 0	200.00	\$0.00
Multiple Dependent			

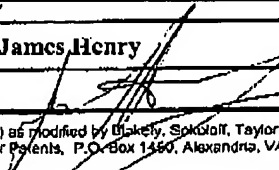
Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	60	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204		2204		**Reissue independent claims over original patent
1205		2205		**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$) 0.00

For number previously paid, if greater. For Reissues, see below

2. **ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051		2051		Surcharge - late filing fee or oath	
1052		2052		Surcharge - late provisional filing fee or cover sheet	
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1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	765	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(c)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	700	1809	395	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.120(b))	
SUBTOTAL (2)				(S)	

Other fee (specify): _____

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	(503) 439-8778
		Date	01/10/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 10/037,670
Amdt. dated 01/10/2005
Reply to Office action of 10/08/2004

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JAN 10 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/037,670
Applicant : Eliel Louzoun
Filed : 01/03/2002
TC/A.U. : 2112
Examiner : LEFKOWITZ, SUMATI

Confirmation No. 8281

Docket No. : 42390P11425
Customer No. : 8791

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of 10/08/2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 13 of this paper.